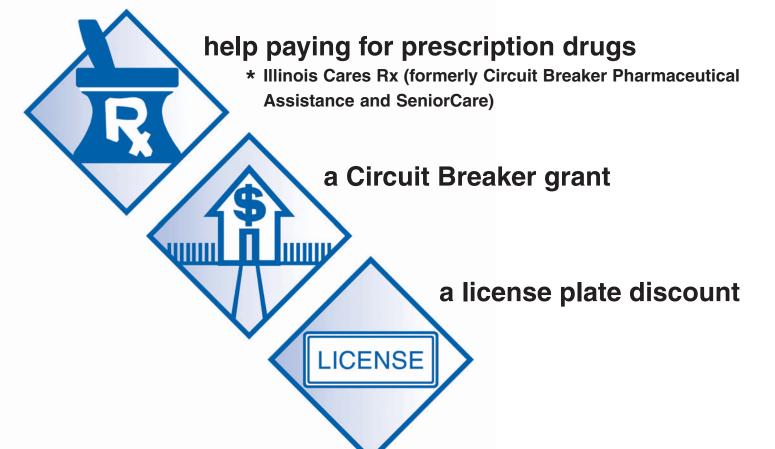


2005 Form IL-1363

Application Booklet

Seniors or Persons with Disabilities

Apply on Form IL-1363 for



- * Illinois Cares Rx qualifications, see Page 9
- * Where can you go for help? See Page 43.

Benefits available ...

You may apply on Form IL-1363 for ...



Help paying for prescription drugs New! (Illinois Cares Rx Basic and Illinois Cares Rx Plus)

You and your spouse may ask for optional help paying for prescription drugs through Illinois Cares Rx, the new program that replaced Circuit Breaker Pharmaceutical Assistance and SeniorCare effective January 1, 2006.

- 1) If you are eligible for the new federal prescription drug program, Medicare Part D, Illinois Cares Rx will provide additional "wrap around" benefits. We will help pay your monthly premium, annual deductible, co-insurance, and the coverage gap in the basic Medicare benefit if you are enrolled in a Medicare plan coordinating benefits with the state of Illinois.
 - You may also be eligible for "extra help" with your out-of-pocket expenses under Medicare Part D. For more information about "extra help", see Page 14.
- 2) If you are **not** eligible for Medicare Part D, Illinois Cares Rx will continue to provide two benefit plans similar to the prescription drug coverage previously offered under Circuit Breaker Pharmaceutical Assistance and SeniorCare.
 - You may also be eligible for an additional discount on certain prescription drugs through the Illinois Rx Buying Club. For more information about the Illinois Rx Buying Club, see Page 22.
- 3) You may choose to receive a \$25 monthly rebate instead of Illinois Cares Rx prescription drug benefits if you have other insurance that pays for prescription drugs.
 - To apply or reapply for help paying for prescription drugs, you should check the box on Line 5 for yourself (Line 12 for your spouse) and complete the questions in Steps 6 and 8 (Step 7 for your spouse) on Form IL-1363.

* For more information about your prescription drug benefits, see Page 18.



Circuit Breaker grant

You may get a Circuit Breaker grant if you

- 1) paid property tax or mobile home tax on your home, or
- 2) rent or live in a nursing, retirement, or shelter care home that was subject to property taxes.



License plate discount

If we approve your Form IL-1363, the Illinois Secretary of State's office will allow you a license plate fee discount for one vehicle. For more information about the license plate fee discount, see Page 24.

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Get your benefits fast - file your application on the internet at www.cbrx.il.gov

Who qualifies to file on the internet?

You may file your Form IL-1363 on the internet, if

- you filed Form IL-1363 within the last three years and were approved for benefits; and
- you are not required to file either Schedules A or P, or send any attachment.

If you need help to file on the internet or you do not have a computer with internet access, you should contact your local Area Agency on Aging, Senior Health Assistance Program, or local senior center. For more information, see Page 43.

Find out if you qualify for Form IL-1363 benefits -

Step 1 Answer the following questions:

- ■1 Do you live in Illinois?
- 2 Is your income less than
 - ◆ \$21,218 for a one-person household, or
 - \$28,480 for a two-person* household, or
 - ◆ \$35,740 for a three-person* or more household?
- * If you are married and living with your spouse, you must add your spouse's income to your income.

Over income? If you need help paying for your prescription drugs, see Page 29, Projecting your income.

- -3 Are you
 - ◆ 65 years of age or older, or
 - 16 years of age or older and qualify as disabled, or
 - a widow or widower who was age 63 or 64 years old before the death of your spouse, if your spouse was receiving or was eligible for benefits?
 (This condition will only qualify you for a Circuit Breaker grant and license plate discount.)

Step 2

If you answered "**no**" to question 1, 2, **or** 3, **STOP**. You do **not** qualify for Form IL-1363 benefits; however, if you are over income and need help paying for your drugs, see Page 29.

If you answered "yes" to questions 1, 2, and 3, you may qualify for a Circuit Breaker grant and/or license plate discount. Apply on Form IL-1363.

Step 3

To get help paying for your prescription drugs, you should check the box on Line 5 for yourself (Line 12 for your spouse) and complete the questions in Steps 6 and 8 (Step 7 for your spouse) on Form IL-1363.

The information on your Form IL-1363 application will determine your prescription drug benefits. If you qualify for benefits, we will issue you a card to use at participating pharmacies in the Illinois Cares Rx program. Make sure you carefully read and follow all of the instructions.

2005 IL-1363 Application for Circuit Breaker and Illinois Cares

Official use only

St	ep 1: Tell us about yourself (claimant). Please print.	
1	Social Security number 6 Birth date	
2		Month Day Year atus (\sqrt{only one box})
	First MI Last Address Ant	, widow(er), or divorced ed and living together
		ed, but not living together
4	Phone () 8 Are you	☐ Male ☐ Female
5	Yes, I want help paying for my drugs. See instructions for more information.	
St	ep 2: Tell us about your spouse (husband or wife). Complete this step if you	checked Marital status 2.
9	Write your spouse's Social Security number 9	
10		
11	Write your spouse's birth date	
12	Yes, I want help paying for drugs for my spouse. Month Day Year	
St	ep 3: Write only the claimant's and spouse's total income for 200	 5.
	Social Security, SSI benefits. Include Medicare deductions (yearly total)	
14	Railroad Retirement benefits. Include Medicare deductions (yearly total)	14
15	Civil Service benefits (yearly total)	15
16	Annuity benefits (yearly total)	16
17	Other pensions (yearly total)a nontaxable b taxable	17
18	Veterans' benefits (yearly total)a nontaxable b taxable	18
19	Human Services and other cash public assistance benefits (yearly total)	19
20	Wages, salaries, and tips from work (yearly total)	20
21	Interest and dividends received (yearly total)	21
22	Net rental, farm, and business income or (loss). If loss, attach copy of U.S. 1040	.22
23	Net capital gain or (loss). If loss, attach copy of U.S. 1040	23
24	Other income, (loss) or (deductions). If loss or deductions, attach copy of U.S. 1040.	24
25	Add Lines 13 through 24. This is your total income. Do not include Lines 17a and 18a in your total.	25
26	If you rented out any part of your home to someone else, complete Lines 26a and 26b. a Write the number of rooms in your home. a b Write the number of rooms you rented to someone else. b	

St	ep 4: Does your total income allow you to	file this application?							
	Count the total number of persons you are reporting from Lines 2 and 10, and if you are reporting qualified additional residents (see instructions), you must include the number from Schedule B, Line 9. Write the total in the box								
	Did you write 1 in Box 27 and is Line 25 less than \$21,218? Did you write 2 in Box 27 and is Line 25 less than \$28,480? Did you write 3 (or more) in Box 27 and is Line 25 less than \$35,740? If yes, go to Step 5. If no, soo . See Step 4 instructions, "Projecting your income."								
St	ep 5: Tell us about the Illinois property tax	or rent you paid in 2005.							
	Property tax you paid or was payable in 2005 (total of be	-							
	Mobile home tax you paid in 2005 (yearly total)	-							
	Rent you paid in 2005 (yearly total). Does your rent inclu								
	a To whom did you pay rent in 2005?								
	Name	Phone ()							
	Address	CityStateZIP							
	b How many months did you rent here in 2005?								
	If you had more than one landlord, attach a sheet wi	th the information requested on Lines 30, 30a, and 30b							
	Note Do not include amounts paid by a Section 8 program If you now live in public housing, but last year lived in	າ. n private housing, see the instructions for Line 30.							
31	Nursing, retirement, or shelter care home charges you paid	d in 2005 (yearly total)31							
	a To whom did you pay nursing, retirement, or shelter of	are home charges in 2005?							
	Name	Phone ()							
	Address	CityStateZIP							
	b How many months did you live here in 2005?	b							
	If you lived in more than one nursing, retirement, of information requested on Lines 31, 31a, and 31b a	bove for each one.							
	Note Do not include any amounts paid by Human Service	PS.							
	ep 6: For your prescription drug benefits of must complete the following information if you want help paying								
	Are you a U.S. citizen or qualified noncitizen?								
	Note You may still get some drug coverage, a grant, and a lice								
33	Are you eligible for Medicare for your hospital or doctor ea If "yes," have you applied for prescription benefits with Prescription Drug Plan? yes no	Line 34.							
	b If you have applied for a Medicare Part D Prescription	Drug Plan, what is the name of your plan?							
	1 United AARP MedicareRx 4 OSF He								
	2 PacifiCare Saver Plan 5 WellCare								
	3 Health Alliance 6 Other:								
	c Have you applied for "extra help" available under Medi								
34	If you qualify for the Illinois Cares Rx benefit and you had prescription drugs, you can choose to receive a \$25 mo prescriptions.								
	a Do you have other health insurance that pays for pres	cription drugs? yes no lf no, go to							
	b If " yes ," do you want to receive the \$25 monthly rebat	(Step 7.							
	your prescriptions? yes one one	II -1363 2 of 4/R-12/05)							

IL-1363 2 of 4(R-12/05)

Sto	ep	7: For your spouse's prescription drug benefits only.									
If y	วน	are married and living together, you must complete the following information about y	our/	spouse if your							
•	spouse wants help paying for prescription drugs.										
35	5 Is your spouse a 🔲 U.S. citizen or 🔲 qualified noncitizen?										
	Note Your spouse may still get some drug coverage even if no box is checked above.										
36	6 Is your spouse eligible for Medicare for hospital or doctor expenses? yes one of Line 37. If "yes," has your spouse applied for prescription benefits with a Medicare Part D Prescription Drug Plan? yes one of the prescription benefits with a Medicare Part D										
		If your spouse has applied for a Medicare Part D Prescription Drug Plan, what is the your spouse's plan? 1 United AARP MedicareRx 2 PacifiCare Saver Plan 5 WellCare 6 Other: Has your spouse applied for "extra help" available under Medicare Part D? yes		no (
37	th	your spouse qualifies for the Illinois Cares Rx benefit and your spouse has other heat pays for prescription drugs, your spouse can choose to receive a \$25 monthly reb ceiving help paying for prescriptions.									
	а	Does your spouse have other health insurance that pays for prescription drugs? yes	s (no go to Step 8.							
	b	If "yes," does your spouse want to receive the \$25 monthly rebate instead of receiving help paying for prescriptions? yes no	ng								
Sto	ep	8: Complete the following information only if you or your spot eligible for Medicare for your hospital or doctor expenses.	use	e are							
38		nter the total amount of bank accounts, investments or cash that either you, your spoing together) or both of you own, in the boxes below. Include items that either of you person. If you or your spouse do not own an item listed, place zeroes in the space person.	ı ow	n with another							
	a b	Bank Accounts (checking, savings and certificates of deposit)	а								
		and similar investments	b								
	С	Any other cash at home or elsewhere	С								
	d	Add Lines 38a through 38c. This is your total. → → →	d								
		, , , , , , , , , , , , , , , , , , , ,									

Note If you are single and the total amount on Line 38d is \$11,500 or less, you **must** complete Schedule C. If the total amount on Line 38d is greater than \$11,500, you do not need to complete Schedule C.

If you are married and living together and the total amount on Line 38d is \$23,000 or less, you **must** complete Schedule C for you and your spouse. If the total amount on Line 38d is greater than \$23,000, you and your spouse do not need to complete Schedule C.

Step 9: Complete the following information if you or your spouse want to receive information about the 🚯 Illinois Rx Buying Club or the I-SaveRx program.

39	Do you or your spouse want to get information about the 锅 Illinois Rx Buying Club?
	yes ono o
40	Do you or your spouse want to get information about the I-SaveRx program?
	yes ono o

Step 10: Sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of my tax returns for the limited purpose of confirming my eligibility for benefits. As permitted by law, and subject to resource availability, I authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimburseement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

41	X	/4:	3	()_
	Claimant's signature	Date	Preparer's name (Please print or type.)	Phone number
42	X	//		
	Spouse's signature (If living together)	Date		

If you need additional assistance

- visit the Web site at www.cbrx.il.gov
- to find a local agency serving seniors, call the Senior HelpLine at 1-800-252-8966 (voice and TTY)
- call us at 1-800-624-2459 or 1-800-544-5304 (TTY)



If applying for ALL benefits - including Illinois Cares Rx

CIRCUIT BREAKER & DRUG COVERAGE ILLINOIS DEPARTMENT ON AGING PO BOX 19022

SPRINGFIELD IL 62794-9022

If ONLY applying for a grant or license plate discount -

CIRCUIT BREAKER
ILLINOIS DEPARTMENT ON AGING
Mail to: PO BOX 19003
SPRINGFIELD IL 62794-9003

Illinois Cares Rx qualifications

Qualifications for Illinois Cares Rx Basic (formerly Circuit Breaker Pharmaceutical Assistance)

- age:
 - 65 years of age or older, or
 - 16 years of age or older and qualify as disabled
- an Illinois resident (no citizenship requirement)
- income at or below levels listed on Page 4
- if eligible for Medicare:
 - apply for "extra help" available under Medicare Part D through the Social Security Administration, and
 - enroll in a coordinating Medicare Part D Prescription Drug Plan, see Page 12.

Note: You may also be eligible for an additional discount on certain prescription drugs through the Illinois Rx Buying Club.

Qualifications for Illinois Cares Rx Plus (formerly SeniorCare)

- 65 years of age or older
- ◆ an Illinois resident who is a U.S. citizen or qualified noncitizen, see Pages 16 and 19
- ◆ income at or below 200 percent of the federal poverty level

Last year, these amounts were

- \$19,140 for single-person households*
- \$25,660 for married couples*

(*Income amounts may change in early 2006.)

- if eligible for Medicare:
 - apply for "extra help" available under Medicare Part D through the Social Security Administration, **and**
 - enroll in a coordinating Medicare Part D Prescription Drug Plan, see Page 12.

First time filers

If you are a first-time filer for prescription drug benefits on Form IL-1363, we will automatically assign you to one of the coordinating Medicare Part D prescription drug plans, listed on Page 12. We will pay your monthly premium for a **basic** Medicare benefit and also help pay your annual deductible, co-insurance, and the coverage gap.

You still have the right to pick any other Medicare Part D prescription drug plan serving Illinois. However, we will **only** pay your monthly premium for a basic Medicare benefit available from another plan. We will **not** help you pay your annual deductible, co-insurance, or the coverage gap.

How the federal and state prescription drug programs work ...

Medicare Part D

You can get the new Medicare Part D prescription drug benefit if you are eligible for either Medicare Part A or you are enrolled in Medicare Part A and/or Part B.

For more information, call toll-free **1-800-MEDICARE** or visit **www.medicare.gov** or the **Senior Health Insurance Program (SHIP)** at **1-800-548-9034** or **1-217-524-4872 (TTY)**. (SHIP is a free statewide health insurance counseling service.)

Illinois Cares Rx

You can get the new Illinois Cares Rx prescription drug benefits if you meet the requirements on Page 9. **Complete Form IL-1363 and send it to us as soon as possible.** To apply or reapply for help paying for prescription drugs, you should check the box on Line 5 for yourself (Line 12 for your spouse) **and** complete the questions in Steps 6 and 8 (Step 7 for your spouse) on Form IL-1363. These questions relate to Medicare Part D. Make sure you carefully read and follow all of the form instructions.

If you are eligible for original Medicare (Part A and/or Part B) ...

1) apply for "extra help" with Medicare Part D available through the Social Security Administration.

"Extra help" is a program available through the Social Security Administration which offers additional financial assistance with prescription drug costs under Medicare Part D for qualifying individuals with limited income and resources. (It is not an application for coverage under a prescription drug plan.) For more information about "extra help", see Page 14.

If you need an "extra help" application or want to check on the status of your "extra help" application, call the Social Security Administration toll-free at **1-800-772-1213** or **1-800-324-0778 (TTY)**.

If your "extra help" application is denied, you may still receive prescription drug benefits under Illinois Cares Rx.

2) join a Medicare Part D prescription drug plan.

If you are eligible for original Medicare (Part A and/or Part B), there are two stand-alone prescription drug plans that have agreed to coordinate benefits with Illinois Cares Rx:

United AARP Medicare Rx Plan and PacifiCare Saver Plan. (If you had prescription drug coverage under either Circuit Breaker Pharmaceutical Assistance or SeniorCare on December 31, 2005, Illinois Cares Rx has already automatically assigned you to one of these coordinating Medicare Part D prescription drug plans.)

Once your Form IL-1363 is approved and you are enrolled in a **coordinating** Medicare Part D prescription drug plan, we will pay your monthly premium for a **basic** Medicare benefit and also help pay your annual deductible, co-insurance, and the coverage gap.

If you are enrolled in a **non-coordinating** Medicare Part D prescription drug plan, we will **only** pay your monthly premium for a **basic** Medicare benefit available from these other plans. We will **not** help pay your annual deductible, co-insurance, or the coverage gap.

For more information about your out-of-pocket expenses, see Page 13.

Illinois Cares Rx (continued)

There are three Medicare Advantage plans (Medicare HMOs or PPOs) that have agreed to coordinate benefits with Illinois Cares Rx: **Health Alliance**, **OSF Health Plan**, and **WellCare**.

- If you are enrolled in a **coordinating** Medicare Advantage plan, we will pay your monthly premium for a **basic** Medicare benefit and also help pay your annual deductible, co-insurance, and the coverage gap.
 - If you are enrolled in a **non-coordinating** Medicare Advantage plan, we will **only** pay your monthly premium for a **basic** Medicare benefit available from these other plans. We will **not** help pay your annual deductible, co-insurance, or the coverage gap.
- If you are enrolled in a non-coordinating Medicare Advantage plan, you have three options:
 - **stay** with your current Medicare Advantage plan and go without your full "wrap around" benefits under the Illinois Cares Rx program (**only** your monthly premium for a basic Medicare benefit will be paid), **or**
 - **switch** over to one of the coordinating Medicare Advantage plans (if available in your area), **or**
 - **leave** the non-coordinating Medicare Advantage plan and enroll with a stand-alone Medicare Part D prescription drug plan.
- Switching over to a coordinating Medicare Advantage plan **or** enrolling with a stand-alone prescription drug plan **will affect** your health care benefits.

If you have questions, call toll-free the Senior Health Insurance Program (SHIP) at **1-800-548-9034** or **1-217-524-4872 (TTY)**. (SHIP is a free statewide health insurance counseling service.)

If you are not eligible for Medicare ...

■ Illinois Cares Rx will continue to provide two benefit plans similar to the prescription drug coverage previously offered under Circuit Breaker Pharmaceutical Assistance and SeniorCare.

You may also be eligible for an additional discount on certain prescription drugs through the Illinois Rx Buying Club. For more information about the Illinois Rx Buying Club, see Page 22.

For more information about your out-of-pocket expenses, see Page 13.

Coordinating Medicare Prescription Drug Plans

Stand-alone prescription drug plans that coordinate with the Illinois Cares Rx program as of January 1, 2006						
Company Name and Plan Phone Number	Plan Name					
PacifiCare 1-800-797-9794 1-866-394-7218 (TTY)	PacifiCare Saver Plan					
United Healthcare Insurance Company, Inc. 1-877-710-5083 1-877-730-4192 (TTY)	United AARP Medicare Rx					

If you are a first-time filer for prescription drug benefits on Form IL-1363, we will automatically assign you to one of these coordinating Medicare Part D prescription drug plans. We will pay your monthly premium for a **basic** Medicare benefit and also help pay your annual deductible, co-insurance, and the coverage gap.

You still have the right to pick any other Medicare Part D prescription drug plan serving Illinois. However, we will **only** pay your monthly premium for a basic Medicare benefit available from another plan. We will **not** help you pay your annual deductible, co-insurance, or the coverage gap.

Medicare Advantage plans that coordinate benefits with the Illinois Cares Rx program as of January 1, 2006								
Company Name and Plan Phone Number	Plan Name	Available Counties						
Health Alliance Medical Plans, Inc. 1-800-965-4022	Health Alliance Medicare HMO 20 with Rx	Champaign, DeWitt, Douglas, Ford, McLean, Moultrie, Piatt, Woodford & Vermilion						
1-866-883-8551 (TTY)	Health Alliance Medicare PPO 10 with Rx	Adams, Brown, Bureau, Cass, Champaign, Christian, Clark, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Effingham, Ford, Hancock, Iroquois, Jasper, Livingston, Logan, Macoupin, Marshall, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Peoria, Piatt, Pike, Putnam, Sangamon, Schuyler, Scott, Stark, Tazewell, Woodford & Vermilion						
OSF Health Plans 1-877-677-8203 (current members)	OSF Care Advantage Basic Rx	Boone, Brown, Bureau, Cass, DeWitt, Fulton, Hancock, Henderson, Henry, Knox, LaSalle, Lee, Livingston, Marshall, McDonough, McLean, Mercer,						
1-877-677-8205 (prospective members) 1-888-817-0139 (TTY)	OSF Care Preferred Basic Rx	Ogle, Peoria, Putnam, Schuyler, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago & Woodford						
WellCare 1-866-360-3296 1-877-247-6272 (TTY)	WellCare Choice	Cook & Will						
1-077-247-0272 (111)	WellCare Select							

If you claim a qualified additional resident on Schedule B ...

A qualified additional resident will **not** receive help paying for prescription drugs under Illinois Cares Rx as part of your 2005 Form IL-1363. This change is due to the implementation of Medicare Part D.

However, this person may receive prescription drug benefits if he or she files a separate 2005 Form IL-1363 in his or her own name. A person cannot file a separate Form IL-1363 and also be reported as a qualified additional resident on another application for the same year.

Possible out-of-pocket expenses ...

If you are eligible for Medicare, your out-of-pocket expenses might include:

Co-payments:

- \$2 for generic drugs
- \$5 for preferred brand name drugs
- \$15 for non-preferred brand name drugs*
- \$15 for specialty drugs*

*Some prescription drugs may require prior approval from your Medicare plan. For coverage, a drug must also be included in the formulary for your Medicare plan. Illinois Cares Rx Basic only provides "wrap around" benefits for the drugs used to treat the 10 diseases listed on Page 20. For other drugs, you will still receive the basic Medicare benefit, but your co-payments may be higher.

After Medicare and Illinois Cares Rx have paid \$1,750 in benefits on your behalf in a calendar year, you will pay 20 percent of the cost of each prescription in addition to the applicable co-payment.

After \$5,100 in prescription drug benefits, your co-insurance will drop to 5 percent.

Your out-of-pocket expenses may be less if you are eligible for "extra help" under Medicare Part D.

For more information about your prescription drug benefits, see Page 18.

If you are **not** eligible for Medicare, your out-of-pocket expenses might include:

Co-payments:

- \$2 for generic drugs
- **\$5** for brand name drugs

Note Some prescription drugs may require prior approval from Illinois Cares Rx.

After Illinois Cares Rx has paid \$1,750 in benefits on your behalf in a calendar year, you will pay 20 percent of the cost of each prescription in addition to the applicable co-payment.

For more information about your prescription drug benefits, see Page 18.

How "extra help" works ...

"Extra help" is a program available through the Social Security Administration. It offers additional financial assistance with prescription drug costs under Medicare Part D for qualifying individuals with limited income and resources.

If you need an "extra help" application or want to check on the status of your "extra help" application, call toll-free the **Social Security Administration** at **1-800-772-1213** or **1-800-324-0778 (TTY)**.

- You **must** apply for "extra help" if you are eligible for Medicare (Part A and/or Part B) in order to qualify for Illinois Cares Rx. It is **important** that you complete your "extra help" application and send it in for a decision even if you do not think you will be eligible. Make sure you keep a copy of this decision for your records.
 - If your "extra help" application is approved, Medicare will pay more of your prescription drug costs.
 - If your "extra help" application is denied, you may still receive prescription drug benefits under Illinois Cares Rx.

How to apply ...

Your 2005 Form IL-1363, Application for Circuit Breaker and Illinois Cares Rx, must be postmarked on or before **December 31, 2006**.

To get your benefits quickly,

- complete your Form IL-1363 as soon as you have the necessary information, and
- file your completed application with us on the internet (if you qualify), or
- send your completed application with any required attachment to us as soon as possible.

Do you qualify to file on the internet?



You may file your Form IL-1363 on the internet, if

- you filed Form IL-1363 within the last three years and were approved for benefits, and
- you are not required to file Schedules A or P, or send any attachment.

Remember ... we can process applications (Form IL-1363) filed on the internet **faster** than those we receive in the mail!

Visit us at www.cbrx.il.gov.

Who should apply?

Apply on Form IL-1363 if you meet the following requirements:

1 Age

- you must be 65 years of age or older before January 1, 2006; or
- you must become 65 years of age during 2006 (benefits become available after you turn 65; your Circuit Breaker grant will be prorated based on the number of months you were 65 in 2006); or
- you must be 16 years of age or older before January 1, 2006, and totally disabled; or
- you must be a widow or widower who was 63 or 64 years of age before the death of your spouse, if your spouse was receiving or was eligible to receive Form IL-1363 benefits. (This condition will only qualify you for a Circuit Breaker grant and license plate discount.)

2 Residency

- you must live in Illinois at the time you file your application; and
- you must continue to be a resident of Illinois (this requirement is only for Illinois Cares Rx prescription drug benefits); and
- you must have lived in an Illinois residence in 2005 that was subject to property or mobile home tax (this requirement is only for a Circuit Breaker grant).

3 Income

Your* total income (see Page 26) in 2005** must be less than

- \$21,218 if filing an application for yourself only; or
- \$28,480 if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
- \$35,740 if filing an application for yourself, your spouse*, and at least one qualified additional resident, or yourself and at least two qualified additional residents.
- * If your spouse lived with you, you must add your spouse's income to your income.
- ** If your 2005 income was over these limits, but you have experienced a decrease in your income, you may qualify for prescription coverage. See "Projecting your income" in the instructions for Step 4 on Page 29.

4 Deadline

Form IL-1363 must be postmarked on or before December 31, 2006. File earlier to get your benefits sooner.

See Page 9 for additional requirements if you want help paying for prescription drugs.



Who qualifies as disabled?

To qualify as disabled, you must be at least 16 years of age **and**

receive disability benefits from one of the following:

- 1 Social Security Administration, or
- 2 Veterans Administration, or
- 3 Civil Service, or
- 4 Railroad Retirement,

or have one of the following:

- **5** a Class 2 disability card from the Illinois Secretary of State's office, **or**
- 6 a completed Schedule A, Physician's Statement, if you are not yet age 65 and do not have other proof of disability as listed above. Schedule A must show that you were totally and permanently disabled in 2005.

Note Use a separate Schedule A for each person who is not yet age 65 and needs to send us other proof of disability.



You must attach proof of disability — see Page 33.



Who is a qualified additional resident?

A qualified additional resident is an individual, other than your spouse,

- who lived with you in the same residence in 2005 and in 2006 at the time you file your 2005 Form IL-1363; and
- for whom you, or you and your spouse, provided more than half of that person's total financial support in 2005; and
- who is not filing a separate 2005 Form IL-1363.



You must attach Schedule B — see Page 33.

Note A qualified additional resident will not receive help paying for prescription drugs under Illinois Cares Rx. This change is due to the implementation of Medicare Part D. However, this person may receive prescription drug benefits if he or she files a separate 2005 Form IL-1363 in his or her own name. A person cannot file a separate Form IL-1363 and also be reported as a qualified additional resident on another application for the same year.

Who should apply? (continued)



What if you are not a U.S. citizen?

You do not have to be a U.S. citizen to qualify for a Circuit Breaker grant, license plate discount, or Illinois Cares Rx Basic prescription drug benefits (formerly Circuit Breaker Pharmaceutical Assistance). If you are 65 years old or older, you may instead qualify for Illinois Cares Rx Plus prescription drug benefits – see "Illinois Cares Rx Plus requirements for noncitizens" on Page 19.



What if you are married?

If you are married and you and your spouse lived together during 2005, you must complete one Form IL-1363 and report your total combined income. Your spouse cannot apply separately. If one or both of you lived in a nursing home, you should each complete separate Forms IL-1363. If you and your spouse were permanently separated in 2005 and are still living at different addresses, you may each complete separate Forms IL-1363.



If your spouse died before applying, will you still qualify?

If your spouse died in 2005 or 2006 **before** sending us a properly completed 2005 Form IL-1363, you may qualify. You must meet the requirements listed under "Who should apply?" on Page 15.

You must complete Form IL-1363 in your own name. Be sure to read the instructions for Line 7 on Page 25 to determine the correct box to check for your situation.

You must include the amount of income your spouse received during the months your spouse was living with you in 2005.



You must attach proof of your age — see Page 33.

If you were 63 or 64 years of age **before** the death of your spouse and your spouse was receiving or was eligible to receive Form IL-1363 benefits,



you must also attach proof of death — see Page 33. (You may only qualify for a Circuit Breaker grant and license plate discount.)



What if you share your home with someone other than your spouse or any qualified additional resident?

A person who lives with you (other than your spouse or qualified additional resident) may apply on a separate Form IL-1363, if he or she meets the requirements listed under "Who should apply?" on Page 15.

Questions about Form IL-1363 benefits ...



Circuit Breaker grants



How much will your grant be?

Your grant is figured by a formula using the amount you paid in property tax or mobile home tax for your place of residence (where you lived in 2005) and the amount of your total income.

Renters and nursing, retirement, or shelter care home residents: If you lived in a residence that was subject to property tax, your grant is figured using a percentage of the amount you paid in rent or nursing home charges.

If you want to determine the approximate amount of your grant, see "How to estimate your grant" on Page 17.



When will you receive your grant?

If you send us your completed Form IL-1363 early in the year, we will issue your grant in three to four months. If you send us your completed Form IL-1363 after May 1, we will issue your grant in approximately 10 weeks.

Your grant will be delayed if we need to request additional information from you or if funds are not available.



How can you find out the status of your grant?

You can find out the status of your grant by visiting us at **www.cbrx.il.gov** or calling toll-free to our 24-hour automated telephone service at **1-800-624-2459** or **1-800-544-5304** (TTY).

How to estimate your grant

Step 1

Determine your total income on Line 25 of your Form IL-1363. Then find the next higher figure under "Household Income" (Item 1) across the top of the **Grant Estimate Chart** below.

Step 2

If you were a homeowner:

Find the amount written on Line 28 of your Form IL-1363. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart below.

If you were a renter:

Find the amount written on Line 30 of your Form IL-1363. Then find the next lower figure using the "Rent" column (Item 3) on the left side of the chart.

If you were in a nursing, retirement, or shelter care home:

Divide the amount written on Line 31 of your Form IL-1363 by 4. Then find the next lower figure using the "Rent" column (Item 3) on the left side of the chart.

If you were a part-year homeowner and a part-year renter:

Divide the amount written on Line 30 of your Form IL-1363 by 4. Divide the amount written on Line 28 of your Form IL-1363 by 2. Add these amounts together. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.

Grant Estimate Chart

If you were a mobile home owner and paid lot rent:

Divide the amount written on Line 30 of your Form IL-1363 by 4. Add the amount of your mobile home tax (Line 29 of your Form IL-1363). Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.

If you were a mobile home owner and a property owner:

Add the amounts written on Lines 28 and 29 of your Form IL-1363. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.

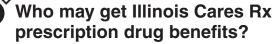
Step 3

Find the point on the chart where the column and row come together. This figure is your estimated grant with a few exceptions. For example, your grant will be reduced if you

- received more than \$55 per month of cash assistance in the aged, blind, and disabled categories (see Page 27, Line 19 instructions). Divide the estimated grant by 12 and multiply the result by the number of months that you did not receive more than \$55 per month of cash assistance in the aged, blind, and disabled categories.
- become 65 years of age during 2006. Divide the estimated grant by 12 and multiply the result by the number of months during the year that you were 65 years old.

	ltem 1																		
Find the lower figure	ure		useh	old In	com	e (Lin	ne 25)) - Fii	nd th	e nex	t higl	nest	figure	e (rou	und ເ	ıp)			₹ 855
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75	300	75	5									loro)	l Ise t	he la	l et lin	l e of t	his c	hart t	-
205	820	205	135	65							"					rant i			Ŭ
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465	1,860	465	395	325	255	185	115	45										nt pa	id
595	2,380	595	525	455	385	315	245	160	70	35	│	1	nat is	s moi	re tha	an \$5 I	,500.		-
725	2,900	700	610	520	430	340	250	160	70	70	70	25							
855	3,420	700	610	520	430	340	250	160	70	70	70	70	70	15					
985	3,940	700	610	520	430	340	250	160	70	70	70	70	70	70	70	5			
1,115	4,460	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	65		
1,245	4,980	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	
1,375+	5,500+	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70

Help paying for prescription drugs



A claimant or claimant's spouse who meets the requirements on Page 15 ("Who should apply?") and applies may get Illinois Cares Rx Basic (formerly Circuit Breaker Pharmaceutical Assistance) or Illinois Cares Rx Plus (formerly SeniorCare) prescription drug benefits. The information on your Form IL-1363 application will determine your prescription drug benefits.

Each person approved for either Illinois Cares Rx Basic or the Illinois Cares Rx Plus prescription drug benefits will get a card under his or her own name.

What if you have other insurance that will pay for your prescription drugs?

Even if you have other insurance that will pay for prescription drugs, you can still benefit from the Illinois Cares Rx program.

- If you are eligible for Medicare, and you are enrolled in a **coordinating** Medicare prescription drug plan, Illinois Cares Rx will help pay some of the Medicare costs for you. We will help pay your monthly premium, annual deductible, co-insurance, and the coverage gap.
- If you have full Medicaid benefits under the MediPlan card, you are **not** eligible for Illinois Cares Rx Basic prescription drug benefits. If you are on the Medicaid Spend-Down program, you may still qualify for Illinois Cares Rx Basic or Illinois Cares Rx Plus prescription drug benefits.
- You may choose to receive a \$25 monthly rebate instead of Illinois Cares Rx prescription drug benefits if you have other insurance that pays for prescription drugs. See Page 24, Questions about the Illinois Cares Rx rebate for more information.

What if you have a drug discount card?

If you are not eligible for Medicare, you may use your Illinois Rx Buying Club card to purchase medicine that is not covered by Illinois Cares Rx Basic.

What drugs are covered?

Illinois Cares Rx **Basic** (formerly Circuit Breaker Pharmaceutical Assistance) covers prescription drugs used in the treatment of only 10 diseases (see Page 20).

Illinois Cares Rx **Plus** (formerly SeniorCare) covers almost all prescription drugs.

Illinois Cares Rx Basic and Illinois Cares Rx Plus cover both generic drugs and brand name drugs. There is a separate **preferred drug list** (PDL) for each plan. The preferred drug list is a list of some types of drugs, but not all, that are covered by your card.

A drug listed as "preferred" on the PDL can be obtained at a participating pharmacy without any additional approval required. A drug that is listed as "non-preferred" requires an extra step called prior approval before the program will pay for it.

Your pharmacy or doctor's office may call to request prior approval of a non-preferred drug. If the request is approved, your pharmacy will be able to fill your prescription within 24 hours. If the request is denied, you will receive a denial letter in the mail. You have the right to appeal the denial of a prior approval request.

PDLs for each plan are available through our web site at **www.cbrx.il.gov**. Your doctor can use your plan's PDL to prescribe a preferred product if it is medically appropriate.

Help paying for prescription drugs (continued)



How can you get the most benefit from your Illinois Cares Rx card?

- Complete your Form IL-1363 as soon as you have the necessary information.
- File your completed application with us on the internet (if you qualify) at www.cbrx.il.gov. For more information, see Page 14.
- If eligible for Medicare (Part A and/or Part B):
 - apply for "extra help" available under Medicare Part D through the Social Security Administration, and
 - enroll in a coordinating Medicare Part D
 Prescription Drug Plan, see Page 12.
- Ask your doctor to prescribe a generic drug for you. Generic drugs are usually less expensive than brand name drugs. When a generic drug is not available, ask your doctor to prescribe a preferred product from a preferred drug list, if medically appropriate.

Check with your pharmacist to make sure your coverage will be honored.



When may you expect your prescription drug benefits to begin?

If you are applying for the first time, your prescription drug benefits will begin within approximately 6 weeks following **approval** of your application.

If you are applying for a renewal card, your benefits will begin January 1, 2007.

Your application will be **delayed** if we need to request additional information from you.

Remember ... we can process applications filed on the internet **faster** than those we receive in the mail.

Visit us at www.cbrx.il.gov.

Illinois Cares Rx Plus requirements for noncitizens

These requirements only apply to persons who are ages 65 or older and who want to apply for **Illinois Cares Rx Plus** prescription drug benefits. There are no citizenship requirements for the Circuit Breaker grant, license plate discount, or Illinois Cares Rx Basic prescription drug benefits.

To check the "qualified noncitizen" box in Line 32 (Line 35 for your spouse), you must be a noncitizen who is also **one of the following**:

- a lawful permanent resident who has lived in the U.S. for at least five years;
- 2. a refugee, an asylee, or a parolee;
- 3. a U.S. veteran or the spouse of a U.S. veteran;
- 4. a national of Cuba or Haiti admitted to the U.S. on or after April 21, 1980;
- an Amerasian from Vietnam admitted though the Orderly Departure Program beginning on March 20, 1988;

- 6. identified by the federal Office of Refugee Resettlement as a victim of trafficking;
- 7. a member of Hmong or Highland Laotian tribe during the Vietnam era between August 5, 1968, and May 7, 1975 (this includes the person's spouse, widow, or widower who has not remarried);
- 8. an American Indian born in Canada to whom Section 289 of the Immigration and Nationality Act applies or a member of an Indian tribe defined in Section 4e of the Indian Self-Determination and Education Assistance Act;
- 9. a victim of domestic abuse; or
- 10. your deportation is being withheld by INS under Section 243(h) or Section 241(b)(3).



You may need to attach proof of your qualified noncitizenship status

— see Page 33.

These requirements are only for Illinois Cares Rx Plus, not for other Form IL-1363 benefits.

Benefit comparison charts Illinois Cares Rx Basic and Illinois Cares Rx Plus



Illinois Cares Rx Basic covers:

- Under Illinois Cares Rx Basic, your card covers prescription drugs used for treating ...
 - Alzheimer's disease
- Multiple sclerosis
- Arthritis
- Osteoporosis
- Cancer
- Parkinson's disease
- Diabetes (including insulin, syringes, and needles)
- Glaucoma
- Heart and blood pressure problems
- Lung disease and smoking-related illnesses

Note Prior approval may be required for some prescription drugs

Additionally ...

- If you are enrolled in a coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Basic will pay:
 - the monthly premium for a basic benefit package, and
 - most of your annual deductible, co-insurance, and the coverage gap for prescription drugs used to treat the 10 listed diseases.
- If you are enrolled in a basic benefit package with a non-coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Basic will only pay:
 - the monthly premium for a **basic** benefit package.
 - Illinois Cares Rx Basic will **not** pay your annual deductible, co-insurance, or the coverage gap.
- If you are enrolled in an enhanced benefit package with a non-coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Basic will not pay for any expenses (e.g., monthly premium, annual deductible, co-insurance, or the coverage gap).

Note For more information about your prescription drug benefits if you are enrolled in a Medicare Advantage plan, see Page 11.

How the program works:

- When your Form IL-1363 is approved, you will receive an Illinois Cares Rx card. Present this card at a **participating** pharmacy. If you are enrolled in a coordinating Medicare Part D prescription drug plan, also present the membership card from your Medicare Part D prescription drug plan at the pharmacy.
- There is no cost for Illinois Cares Rx.
- With this card (these cards), you can obtain prescription medication for covered drugs with ...
 - \$2 for generic drugs
 - \$5 for preferred brand name drugs.

For brand name drugs when a generic drug is available, you will also be required to pay the difference in price.

After \$1,750 in benefits have been paid on your behalf in a calendar year, you must pay your copayment **plus** 20 percent of the cost of each prescription for the remainder of the calendar year.

Additionally ...

- If you are enrolled in a coordinating Medicare Part D prescription drug plan, you will pay:
 - \$15 for non-preferred brand name drugs
 - \$15 for specialty drugs.

After \$5,100 in prescription drug benefits, your co-insurance will drop to 5 percent.

In addition to "wrap around" benefits for drugs used to treat the 10 listed diseases, you will receive the basic Medicare benefit on all other Medicare covered prescription drugs, but your co-payments may be higher.

You must follow the formulary established by your Medicare Part D prescription drug plan.

Note See Page 9, for Illinois Cares Rx Basic and Illinois Cares Rx Plus qualifications.

Benefit comparison charts Illinois Cares Rx Basic and Illinois Cares Rx Plus



Illinois Cares Rx Plus covers:

- Under Illinois Cares Rx Plus, your card covers ...
 - almost all prescription drugs.

Note Prior approval may be required for some prescription drugs.

Additionally ...

- If you are enrolled in a coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Plus will pay:
 - the monthly premium for a basic benefit package and
 - most of your annual deductible, co-insurance, and the coverage gap.
- If you are enrolled in a basic benefit package with a non-coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Plus will only pay:
 - the monthly premium for a basic benefit package.
 - Illinois Cares Rx Plus will **not** pay your annual deductibles, co-insurance, or the coverage gap.
- If you are enrolled in an enhanced benefit package with a non-coordinating Medicare Part D prescription drug plan, Illinois Cares Rx Plus will not pay for any expenses (e.g., monthly premiums, deductible, co-insurance, or the coverage gap).

Note For more information about your prescription drug benefits if you are enrolled in a Medicare Advantage plan, see Page 11.

Note See Page 9, for Illinois Cares Rx Basic and Illinois Cares Rx Plus qualifications.

How the program works:

- When your Form IL-1363 is approved, you will receive an Illinois Cares Rx card. Present this card at a **participating** pharmacy. If you are enrolled in a coordinating Medicare Part D prescription drug plan, also present the membership card from your Medicare Part D prescription drug plan at the pharmacy.
- There is **no** cost for Illinois Cares Rx.
- With this card (these cards) you can obtain prescription medication for covered drugs with ...
 - \$2 for generic drugs
 - \$5 for preferred brand name drugs.

For brand name drugs when a generic drug is available, you will also be required to pay the difference in price.

After \$1,750 in benefits have been paid on your behalf in a calendar year, you must pay your copayment **plus** 20 percent of the costs of each prescription for the remainder of the calendar year.

Additionally ...

- If you are enrolled in a coordinating Medicare Part D prescription drug plan, you will pay:
 - \$15 for non-preferred brand name drugs
 - \$15 for specialty drugs.

After \$5,100 in prescription drug benefits, your co-insurance will drop to 5 percent.

In addition to "wrap around" benefits, Illinois Cares Rx Plus will also pay for drugs that are excluded from coverage under Medicare Part D, such as benzodiazepines, barbiturates, and a few over-the-counter items. Your pharmacy will bill Illinois Cares Rx Plus directly for these Medicare Part D excluded drugs.

You must follow the formulary established by your Medicare Part D prescription drug plan.

ur Form II 1262 procerintion drug benefite

Your Form IL-1363 prescription drug benefits:							
Program Name	You may qualify if:						
Illinois Rx Buying Club information Call toll-free 1-866-215-3462 1-866-215-3479 (TTY) Visit www.IllinoisRx BuyingClub.com	 If you do not qualify for Medicare benefits, you are automatically enrolled (at no charge) in the Illinois Rx Buying Club when you are approved for Illinois Cares Rx Basic prescription drug benefits. You must be an Illinois resident who: has income at or below 300 percent* of the federal poverty level. * Last year these amounts were: \$28,710 for a one-person household \$38,490 for married couples. Income amounts may change in early 2006. 						
I-Save Rx information Call toll-free 1-866-I-SAVE33 (1-866-472-8333) Visit www.I-SaveRx.net	■ No requirements.						

Benefit information charts -Illinois Rx Buying Club and I-Save Rx



Program covers:	How the program works:							
 All prescription drugs approved by the FDA and available through participating pharmacies; and the program's mail-order option (offering a 90-day supply at greater savings). 	 For prescriptions not covered by Illinois Cares Rx Basic, present your card at any participating pharmacy for immediate savings. No further forms to fill out or coupons required. You may expect an average 20 percent discount on prescriptions that you fill. Individual discounts may vary. Once enrolled, you will also receive information about how to use the mail-order option. There is no annual cap and no limit to the savings. 							
All prescription drugs available through CanaRx Services Inc.	■ Fax or mail the I-Save Rx enrollment form, your Medical History Form, and the written prescription(s) from your physician as indicated on the enrollment form. You may save up to 80 percent on safe prescription drug refills.							
Get your benefits fast -								
file your application on the	nternet at www.cbrx.il.gov							
Who qualifies to file on the internet?								

Who qualifies to file on the internet?

You may file your Form IL-1363 on the internet, if

■ you filed Form IL-1363 within the last three years and were approved for benefits; and

■ you are not required to file either Schedules A or P, or send any attachment.

If you need help to file on the internet or you do not have a computer with internet access, you should contact your local Area Agency on Aging, Senior Health Assistance Program, or local senior center. For more information, see Page 43.

(C)

Illinois Cares Rx rebate



What is the Illinois Cares Rx rebate?

The Illinois Cares Rx rebate is a \$25 monthly check that you may choose to receive instead of Illinois Cares Rx if:

- you have other health insurance coverage that includes prescription drug coverage, and
- you qualify for Illinois Cares Rx Basic or Plus drug coverage.

If you choose the Illinois Cares Rx rebate, you must use your own health insurance to help pay for your prescription drugs. The only Illinois Cares Rx benefit you will get is the monthly rebate check.

You may choose to receive a \$25 monthly rebate instead of Illinois Cares Rx prescription drug benefits if you have other insurance that pays for prescription drugs - even if your plan prohibits you from enrolling in a Medicare Part D prescription drug plan.

How do you get the Illinois Cares Rx rebate for yourself or your spouse?

You must apply for prescription drug benefits and be approved for the Illinois Cares Rx program.

To apply, complete Form IL-1363 and, if you want Illinois Cares Rx for:

- yourself, you should check the box on Line 5 and complete Step 6 and Step 8 on Form IL-1363, **or**
- your spouse, you should check the box on Line 12 and complete Step 7 and Step 8 on Form IL-1363.

If you decide after your Form IL-1363 has been approved that you would rather receive the \$25 rebate instead of your prescription drug benefits, you can call toll-free **1-800-226-0768** to request a switch in your benefits under the Illinois Cares Rx program.

You must maintain your other health insurance prescription drug coverage as long as you get the Illinois Cares Rx rebate. If your prescription coverage ends for any reason, call us right away at 1-800-226-0768. You can have either the Illinois Cares Rx card or the rebate, but not both.

When will you begin to get the rebate check?

Your first rebate check will be sent in approximately six to eight weeks after you are determined eligible for the Illinois Cares Rx program.

What if you want more information about Illinois Cares Rx?

For more information, call toll-free

Health Benefits Hotline

1-800-226-0768 1-877-204-1012 (TTY)

Senior HelpLine

1-800-252-8966 (voice and TTY)

or visit

www.illinoiscaresrx.com www.cbrx.il.gov



License plate discount



What discount can you get for your vehicle's license plates?

We will tell the Illinois Secretary of State if we have approved your Form IL-1363. They will send you a notice about the discount. When you go to the Illinois Secretary of State to pay your license plate fee, you will be eligible for a \$54 discount on the fee.



May you use the license plate discount for more than one vehicle?

No. You may get the discount for the license plate fee for one vehicle per household.



What if you want more information about the discount?

For further information, call toll-free 1-800-252-2904

or visit

www.cyberdriveillinois.com/services and click on "SERVICES FOR SENIORS"



Line-by-line instructions for Form IL-1363

Step 1: Tell us about yourself (claimant).

You may file your Form IL-1363 on the internet, if

- you filed Form IL-1363 within the last three years and were approved for benefits; and
- you are not required to file either Schedules A or P, or send any attachment.

If you need **help** to file on the internet or you do not have a computer with internet access, you should contact your local Area Agency on Aging or local senior center. For more information, see Page 43.

1 Social Security number

Write your Social Security number exactly as it appears on your Social Security card. If you do not have your own Social Security number, you may apply for one at any Social Security Administration office. You must be assigned a Social Security number before you send us your Form IL-1363.

2 Name

Print your first name, middle initial, and last name.

3 Address

Print your street address and apartment number (if you have one), your city, state, and ZIP code. You must use the address **where you live**.

A change in your address can affect the amount of your grant. Therefore, we cannot accept the address of your Social Security representative payee, your vacation area, a relative, a bank, your trustee, the person who holds your power of attorney, a conservator, or a post office box number.

4 Phone number

Write the area code and phone number where we can reach you during the day. It may be necessary to call you in order to complete the processing of your application.

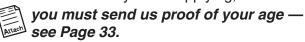
5 Check the box on Line 5 if you want help paying for your prescription drugs under the Illinois Cares Rx program.

6 Birth date

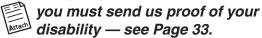
Write the month, day, and year of your birth. For example, June 30, 1939, should be written as:

 $\frac{0}{1} \frac{6}{1} \frac{3}{1} \frac{0}{1} \frac{1}{1} \frac{9}{1} \frac{3}{1} \frac{9}{1} \frac{9}$

If this is the first time you are applying,



If you are younger than age 65, you must be disabled to qualify and



7 Marital status

Check **only one** of the marital status boxes on Line 7.

1 Single, widow(er), or divorced

- if you are single, or
- if your spouse was deceased before January 1, 2006*, or
- if you were divorced before January 1, 2006.

*If your spouse was living with you during 2005, you must include his or her income in Step 3.

2 Married and living together

- if you were married and living with your spouse during 2005, or
- if your spouse died in 2006, but was living with you during 2005 (you must include your spouse's income for the time you were living together).

- if you were permanently separated from your spouse during 2005, or
- if you or your spouse were living in a nursing, retirement, or shelter care home in 2005.

8 Tell us if you are male or female

Check the box that applies to you.

Step 2: Tell us about your spouse (husband or wife).

Complete Step 2 **only** if you checked Marital status 2, "Married and living together" on Line 7. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you were not living in the same household as your spouse in 2005, go to Step 3.

9 Spouse's Social Security number

Write your spouse's (husband's or wife's) Social Security number. Your spouse must have his or her own Social Security number. It cannot be the same as yours.

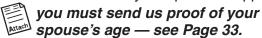
10 Spouse's name

Print your spouse's first name, middle initial, and last name.

11 Spouse's birth date

Write the month, day, and year of your spouse's birth.

If this is the **first time** your spouse is applying, **you must send us proof of your**



12 Check the box on Line 12 if you want to help paying for your spouse's prescription drugs under the Illinois Cares Rx program. (To be eligible for prescription drug benefits, your spouse must meet the requirements listed on Page 15, "Who should apply?".)

If your spouse is disabled and younger than 65 years of age,



you must send us proof of your spouse's disability — see Page 33.

Step 3: Write only the claimant's and spouse's total income for 2005.

Include only your income and your spouse's income (if you were living together) for the year 2005. **Do not** include any qualified additional resident's income.

What is considered income?

Income is your 2005 adjusted gross income for federal income tax purposes, plus certain items* that may not have been included in this calculation. Common examples of items that are considered income for federal income tax purposes include:

- alimony received
- annuity benefits*
- Black Lung benefits
- business income
- capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance*
- cash winnings from such sources as raffles, lotteries, or gambling
- Civil Service benefits
- damages awarded in a lawsuit, unless the suit is for a physical injury or sickness (for example, age discrimination or injury to reputation)
- dividends*
- farm income
- interest*
- interest on life insurance policies
- lump sum Social Security payments
- miscellaneous sources, such as rummage sales, recycling aluminum, or baby sitting

- monthly insurance benefits
- pension and IRA benefits (only the federally taxable portion)
- qualified long term care insurance contract payments (only the federally taxable portion)
- Railroad Retirement benefits* (without subtracting any Medicare deductions)
- rental income
- SeniorCare rebate received in 2005 (only if you took an itemized deduction for health insurance on your 2004 federal income tax return)
- Social Security income* (without subtracting any Medicare deductions)
- Supplemental Security Income (SSI) benefits
- state income tax refunds received in 2005 (only if you took an itemized deduction on your 2004 federal income tax return)
- unemployment compensation
- veterans' benefits (only the federally taxable portion)
- wages, salaries, and tips from work
- Workers' Compensation Act income*
- Workers' Occupational Diseases Act income*

You may **not** subtract the following items on Line 24 of your Form IL-1363 even if you were allowed to take a deduction on your federal income tax return: amount of tax imposed by the Illinois Income Tax Act paid in 2005; an amount equal to any net operating loss **carryover** deduction or capital loss **carryover** deduction; or federal itemized deductions.

What is not considered income?

The following items are **not** considered income and you should **not** include them on your Form IL-1363:

- cash gifts
- child support payments
- Circuit Breaker grants
- damages awarded in a lawsuit for a physical personal injury or sickness
- **Energy Assistance payments**
- federal income tax refunds
- IRAs "rolled over" tax-free into other retirement accounts
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Title V of the Older Americans Act of 1965; Green Thumb or Experience Works; or VISTA or AmeriCorps income

13 Social Security, SSI benefits

Write the total amount of any retirement, disability, or survivor's benefits (include Medicare deductions) paid to you and your spouse in 2005 by the Social Security Administration.

You must also include any Supplemental Security Income (SSI) you received in 2005. Do not include benefits to dependent children or reimbursements under Medicare/Medicaid for medical expenses.

It is **not** necessary to contact the Social Security office to obtain the amount in benefits received. To determine the total amount of your benefits, multiply by 12 the amount of any one of the checks you received in 2005. Add to this total \$938.40 (\$78.20 per month), which was the yearly amount deducted for Medicare. You must adjust your figures accordingly if you did not receive 12 equal checks during this period.

Note If your Social Security and Railroad Retirement benefits are paid to you on the same check, write the total amount on Line 13. Remember to include your Medicare deductions.

14 Railroad Retirement benefits

Write the total amount of any retirement, disability, or survivor's benefits (include Medicare deductions) you and your spouse received in 2005 under the Railroad Retirement Act.

If you included your Railroad Retirement benefits on Line 13, do not write on Line 14.

15 Civil Service benefits

Write the total amount of any retirement, disability, or survivor's benefits you and your spouse received in 2005 under any Civil Service retirement plan.

16 Annuity benefits

Write the total amount received as an annuity by you and your spouse in 2005. This includes amounts from any annuity, endowment, life insurance contract, or similar contract or agreement.

17 Other pensions

- a Write the total of the federally nontaxable portion received by you and your spouse in 2005 from any IRAs, IRAs converted to Roth IRAs, and pensions.
- **b** Write the total of the federally **taxable** portion received by you and your spouse in 2005 from any IRAs, IRAs converted to Roth IRAs, and pensions.



You may need to attach proof of taxable and nontaxable benefits see Page 34.

18 Veterans' benefits

- a Write the total of the federally nontaxable portion of any retirement pay or survivor's benefits you and your spouse received in 2005 from the Veterans Administration.
- **b** Write only the federally **taxable** portion of any retirement pay or survivor's benefits you and your spouse received in 2005 from the Veterans Administration.



You may need to attach proof of Artach taxable and nontaxable benefits see Page 34.

19 Human Services and other cash public assistance benefits

Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse received in 2005.

If the first two digits of your Human Services case number are the same as any of those in the following category list, you must include the total amount of these benefits on Line 19.

- 01 aged
- 02 blind
- 03 disabled
- 04 temporary assistance to
- 06 ^f needy families (TANF)
- general assistance

It is not necessary to contact the Human Services office to obtain the amount in cash payments received. To determine the total amount of your benefits, multiply by 12 the amount of cash benefits you received in any one month in 2005. Adjust your figures if you did not receive 12 equal payments during this period.

Food stamps and medical assistance you may have received are not considered income and should not be added to your total income.

Governmental cash public assistance benefits also may be distributed by units of local government such as municipalities, counties, etc.

If you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, your grant will be reduced (see Page 17).

20 Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips you received in 2005 from working and the total amount your spouse received in 2005 from working. Add these amounts for both you and your spouse, and write the total on Line 20.

21 Interest and dividends received

Write the total amount of interest and dividends you and your spouse received in 2005 from all sources, including any government sources. You must include both taxable and nontaxable amounts.

22 Net rental, farm, and business income or (loss)

Write the total net income or loss from rental, farm, and business sources, as reportable for federal income tax purposes in 2005.

Note You cannot use a net operating loss (NOL) carryover in figuring income.

Write a loss in parentheses. For example, a \$700 loss should be written as (700).

If you are claiming a loss,



23 Net capital gain or (loss)

Write any net capital gain or loss you and your spouse received in 2005.

If you report a net capital loss, it cannot exceed \$3,000. If you are married, but not living with your spouse, and you are filing a federal income tax return in your name only, your net capital loss cannot exceed \$1,500. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note: You cannot use a net capital loss carryover in figuring income.

If you are claiming a loss,



you must attach proof of loss of Artachi income — see Page 34.

24 Other income, (loss) or (deductions)

Write any other income, loss or deductions not reported on Lines 13 through 24. For an explanation of other income, see Page 26, "What is considered income?". Write a loss or deduction in parentheses. For example, a \$700 loss or deduction should be written as (700).

Common examples of deductions you may be allowed to claim from your federal income tax return include:

- one-half of federal self- employment tax you
- any insurance premiums you paid for a selfemployed health insurance plan.
- any penalty you paid to a bank or savings institution for early withdrawal of savings.
- any alimony you paid.

See instructions for federal income tax return for other "adjustments to income" you may deduct.

Note You cannot use a net operating loss (NOL) carryover in figuring income.

If you are claiming a loss or deduction,



you must attach proof of loss of income Mileston — see Page 34.

25 Total income

Add Lines 13 through 24 and write the total. If you report either a loss in Lines 22, 23, and 24, or any deductions in Line 24, remember the loss or deductions are a decrease to your income. Do not include amounts on Lines 17a and 18a in this total.

26 If you rented out any part of your home to someone else, complete Lines 26a and 26b.

Note You must also include the amount you received as rent on Line 22.

- a Write the number of rooms in your home. If you were a homeowner or renter and rented out part of your home to someone else in
 - 2005, you must write the **total** number of rooms in your home.
- b Write the number of rooms you rented to someone else.

If you were a homeowner or renter and rented out part of your home to someone else in 2005, you must write the number of rooms you rented to someone else.

Note If you rented out part of your home to someone else, we will figure your grant using a proportionately reduced amount for your rent or property tax.

Step 4: Does your total income allow you to file this application?

27 See if you qualify

Write the number of persons you are reporting on Form IL-1363 and on Schedule B, Qualified Additional Residents.

Compare Line 25 to Box 27, to determine if you are eligible for the Form IL-1363 benefits.

- If you wrote 1 in Box 27, then Line 25 must be less than \$21,218.
- If you wrote 2 in Box 27, then Line 25 must be less than \$28,480.
- If you wrote 3 (or more) in Box 27 then Line 25 must be less than \$35,740.

If yes, go to Step 5. **If no, STOP.** You still may be eligible for drug coverage. See "Projecting" vour income".

Projecting your income

If you have experienced an event that has decreased your income to less than the income limits for 2005, and you have met the age and residency requirements, you may qualify for drug coverage. For example, a qualifying event might be the death of your spouse, a divorce, the onset of a disability, or your spouse entering the nursing home.

In order to qualify under these conditions, you must file Schedule P, Projected Income Schedule for Illinois Cares Rx Drug Coverage, with your Form IL-1363. To obtain a copy of Schedule P, see "Where can you get help or more forms?" on Page 44.

Step 5: Tell us about the Illinois property tax or rent you paid in 2005.

Property tax you paid in 2005

If you owned the home in which you lived, write the amount of property tax you paid or that was payable in the year 2005. Include both installments.

If your taxes are included in your mortgage payments, your mortgage company can provide the property tax amount for you.

If your residence was a farm, you may claim only property tax for your home and the land on which it is located which was not assessed as farmland. Your chief county assessment office can help you figure this amount.

If your residence was a farm, you may claim only property tax for your home and the land on which it is located which was not assessed as farmland. Your chief county assessment office can help you figure this amount. If you shared ownership in the home in which you lived with someone other than your spouse, write only the amount of property tax you paid that represents your share of the home. For example, if you and someone other than your spouse each owned 50 percent of the home, write on Line 28 one-half of the property tax paid on the home in 2005.

If the other owner qualifies for a Circuit Breaker grant, he or she may apply on a separate From IL-1363 for his or her share of the property tax paid on the home.

Note If your income on Line 25 is less than or close to the amount you paid in property tax,



you may need to attach proof of property tax you paid — see Page 34.

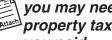
Mobile home tax you paid in 2005

If you owned a mobile home and lived in it, write the amount of taxes you paid or that was payable in the year 2005.

If you owned the land on which your mobile home was located, write on Line 28 the amount of property tax paid on the land on which your mobile home is located that was not assessed as farmland.

If you rented (or leased) the land on which your mobile home was located, write on Line 30 the amount of rent you paid on this land.

Note If your income on Line 25 is less than or close to the amount you paid in mobile home tax, property tax, and/or rent,



you may need to attach proof of property tax, mobile home tax, or rent you paid — see Page 34.

30 Rent you paid in 2005

If you rented the residence in which you lived, write the total amount of rent you paid. **Do not** include the amount paid by a Section 8 program or any amount of rent that you did not pay. Mark "yes" or "no" to indicate whether your rent included food.

Mortgage payments are not considered rent, if you are buying your home, see the instructions for Line 28.

If you share a rented residence with someone other than your spouse or qualified additional resident, write only the amount that represents your portion of the rent. If this other person qualifies, he or she may apply on a separate Form IL-1363 for his or her part of the rent paid on the residence. For example, if two sisters live together and share equally the yearly rent of \$4,800, each sister may apply on separate Forms IL-1363. Each sister may use \$2,400 as her share of the total rent.

Note If your income is less than or close to the amount you paid in rent,



you may need to attach proof of the Arrachi rent you paid — see Page 34.

30a To whom did you pay rent in 2005?

Write the name, address, and telephone number of your landlord.

30b How many months did you rent here in 2005?

Write the number of months during which you rented from this landlord.

Note If you now live at a residence that is **not** subject to property tax (such as public housing), but during part or all of 2005 lived at a residence that was subject to property tax (such as private housing),



you must attach a copy of your property tax bill, rental agreement, lease, notarized statement from your landlord or canceled checks to document the rent you paid to a private landlord. *Also*, send us a letter stating the dates you lived at each residence. See Page 34.

31 Nursing, retirement, or shelter care home charges you paid in 2005

Complete Line 31 only if you consider the nursing, retirement, or shelter care home as your principal or permanent residence. Write the total amount in charges you paid in 2005. Do not include amounts paid to the home by the Illinois Department of Human Services, any medical assistance programs, or your insurance company.

- 31a To whom did you pay nursing, retirement. or shelter care home charges in 2005? Write the name, address, and telephone number of the nursing, retirement, or shelter care home to whom you paid these charges.
- 31b How many months did you live here in 2005?

Write the number of months during which you lived in this home.

Step 6: For your prescription drug benefits only.

You **must** complete the following information if you want help paying for prescription drugs.

Are you a U.S. citizen or qualified noncitizen? 32

Complete Line 32 only if you are 65 years of age or older (or if you will become 65 years of age during 2006) **and** you want to apply for Illinois Cares Rx prescription drug benefits. Check the **first** box if you are a U.S. citizen. Check the **second** box if you are a qualified noncitizen. See "Illinois Cares Rx Plus requirements for noncitizens" on Page 19. If you check the second box, you may need to send us proof of your qualified noncitizen status. See page 33.

Note If you do not check any box in Line 32 you may still get some drug coverage, a grant, and a license plate discount.

33 Are you eligible for Medicare for your hospital or doctor expenses?

> Mark "yes" if you are eligible for Medicare Part A and/or Part B. If you are not eligible for Medicare, mark "no" and go to Line 34.

33a If "yes," have you applied for prescription benefits with a Medicare Part D Prescription Drug Plan?

Mark the appropriate circle.

33b If you have applied for benefits with a Medicare Part D Prescription Drug Plan, what is the name of your plan?

Coordinating stand-alone plans

Check Box 1 for United AARP MedicareRx Check Box 2 for PacifiCare Saver Plan

Coordinating Medicare Advantage plans

Check Box 3 for Health Alliance

Check Box 4 for OSF Health Plans

Check Box 5 for WellCare

If you enrolled with Medicare Part D through a plan other than one listed above, check Box 6 and write the name of your plan in the space provided.

33c Have you applied for "extra help" available under Medicare Part D?

Mark the appropriate circle.

- 34 If you qualify for the Illinois Cares Rx benefit **and** you have other health insurance that pays for prescription drugs, you can choose to receive a \$25 monthly rebate **instead of** receiving help paying for prescriptions.
 - 34a Mark "yes" if you have other health insurance that pays for prescription drugs. Mark "no" if you do not, and go to Step 7.
- 34b If you marked "yes" on Line 34a, and you want to receive the \$25 monthly rebate instead of receiving help paying for your prescriptions, mark "yes" on Line 34b. If you would rather receive help paying for your prescriptions, mark "no".

Step 7: For your spouse's prescription drug benefits only.

If you are married and living with your spouse, you **must** complete the following information about your spouse, if your spouse wants help paying for prescription drugs.

35 Is your spouse a U.S. citizen or qualified noncitizen?

Complete Line 35 **only** if your spouse is 65 years of age or older (or will become 65 years of age during 2006) **and** he or she wants to apply for Illinois Cares Rx prescription drug benefits. Check the **first** box if your spouse is a U.S. citizen.

Check the **second** box if your spouse is a qualified noncitizen. See "Illinois Cares Rx Plus requirements for noncitizens" on Page 19. If you check the second box, **you may need to send us proof of your spouse's qualified noncitizen status. See page 33.**

Note If you do **not** check any box in Line 35, your spouse may still get some drug coverage.

36 Is your spouse eligible for Medicare for hospital or doctor expenses?

Mark "yes" or "no" to indicate whether your spouse is eligible for Medicare Part A for hospital expenses or Medicare Part B for doctor expenses. If he or she is **not** eligible for Medicare, mark "no" and go to Line 37.

36a If "yes," has your spouse applied for prescription benefits with a Medicare Part D Prescription Drug Plan? Mark the appropriate circle. 36b If your spouse has applied for benefits with a Medicare Part D Prescription Drug Plan, what is the name of your spouse's plan?

Coordinating stand-alone plans

Check Box 1 for United AARP MedicareRx Check Box 2 for PacifiCare Saver Plan

Coordinating Medicare Advantage plans

Check Box 3 for Health Alliance Check Box 4 for OSF Health Plans

Check Box 5 for WellCare

If your spouse enrolled with Medicare Part D through a plan other than one listed above, check Box 6 and write the name of your spouse's plan in the space provided.

36c Has your spouse applied for "extra help" available under Medicare Part D?

Mark the appropriate circle.

- 37 If your spouse qualifies for the Illinois Cares Rx benefit and your spouse has other health insurance that pays for prescription drugs, your spouse can choose to receive a \$25 monthly rebate **instead of** receiving help paying for prescriptions.
 - 37a Mark "yes" if your spouse has other health insurance that pays for prescription drugs. Mark "no" if your spouse does not, and go to Step 8.
 - 37b If your spouse marked "yes" on Line 37a, and your spouse wants to receive the \$25 monthly rebate instead of receiving help paying for prescriptions, mark "yes" on Line 37b. If your spouse would rather receive help paying for prescriptions, mark "no".

Step 8: Complete the following information only if you or your spouse are eligible for Medicare for your hospital or doctor expenses.

- 38 Enter the total amount of bank accounts, investments or cash that either you, your spouse (if married and living together) or both of you own, in the boxes. Include items that either of you own with another person. If you or
- your spouse do not own an item listed, place zeros in the space provided.
- **38a** Enter the total amount of your bank accounts including checking, savings and certificates of deposit.

38b Enter the total amount of your stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments.

38c Enter the total amount of any other cash you have at home or elsewhere.

38d Add Lines 38a through 38c.

If you are single and the total amount on Line 38d is \$11,500 or less, you must complete Schedule C. If the total amount on Line 38d is greater than \$11,500, you do not need to complete Schedule C.

If you are married and living with your spouse and the total amount on Line 38d is \$23,000 or less, you **must** complete Schedule C for you and your spouse. If the total amount on Line 38d is greater that \$23,000, you and your spouse do not need to complete Schedule C.



You may need to attach Schedule C see Page 34.

Note The asset information provided in Step 8 will only be used for the extra help program available through the Social Security Administration and will **not** be used for determining eligibility under Form IL-1363 benefits.

Step 9: Illinois Rx Buying Club and I-Save Rx information.

Mark the appropriate circle.

40 Mark the appropriate circle.

Step 10: Sign below.

Signature statement

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of my tax returns for the limited purpose of confirming my eligibility for benefits. As permitted by law, and subject to resource availability, I authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

41 Your (the claimant's) signature

You must sign and date the application on Line 41. If you are only able to make a mark, another person must sign as a witness. If you are unable to sign, your legal representative may sign for you; however,



you must send us proof that the person signing for you is your legal guardian or has power of attorney to act for you see Page 34.

Applications without a valid signature or mark will not be approved.

Note If the claimant is not yet age 18, the claimant's parent or guardian must sign on Line 41, indicating the relationship to the claimant (such as "mother," "father," or "guardian").

42 Spouse's signature

If you are married and living with your spouse, your spouse must sign and date Form IL-1363 on Line 42. If your spouse is only able to make a mark, another person must sign as a witness. If your spouse is unable to sign, your spouse's legal representative may sign; however,



you must send us proof that the person signing for your spouse is his or her legal guardian or has power of attorney to act for your spouse — see Page 34.

43 Preparer's name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 43.



You may need to attach ...



Please write your name and Social Security number on each attachment.



Proof of your disability

If you are 16 years of age or older and totally disabled, but younger than 65 years of age before January 1, 2006, and you are the claimant or his or her spouse who is applying for Illinois Cares Rx prescription drug coverage you **must** attach a copy of one of the following examples as proof of disability:

If you received Social Security disability benefits (and you did not file an approved Form IL-1363 last year), you must send us one of the following:

- a copy of Form SSA-1099 showing a Medicare deduction
- a copy of your statement showing SSI benefits
- a copy of your statement showing a Medicare deduction

If you received Veterans Administration disability benefits, you must send us one of the following:

- a copy of your pension statement
- a copy of your statement showing compensation rated at 100 percent

If you received Railroad Retirement or Civil Service disability benefits, you must send us:

 a copy of your pension statement from the Railroad Retirement Board or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare.

If you had a Class 2 disability card from the Illinois Secretary of State's office, you must send us:

 a copy of your Class 2 disability card as proof of your disability.

If you **did not** receive any of the above items, you must send us:

 a completed Schedule A, Physician's Statement. (Use a separate Schedule A for each person.)
 See Page 35.

Note If you are disabled and become 65 years old during 2006, we will prorate your grant and your drug coverage will become effective on or after your birthday unless you send us proof of your disability.



Qualified additional resident (Schedule B)

If you are reporting qualified additional residents, you must complete and attach Schedule B, Qualified Additional Residents. See Page 37.

Note Your spouse is not a qualified additional resident.



Proof of age

If you are the claimant or spouse and you are applying for the **first time**, you must attach a **copy of one** of the following examples as proof of age:

- baptismal record
- birth certificate
- driver's license
- ID card from the Illinois Secretary of State
- insurance policy

Note If you have **not** filed an approved Form IL-1363 since 2002, you are considered a first-time applicant.



Proof of death

If you are a widow or widower who was 63 or 64 years of age before the death of your spouse (if your spouse was receiving or was eligible to receive Form IL-1363 benefits **and** you do not qualify as disabled), you must attach a **copy** of your spouse's death certificate and proof of your age.



Proof of qualified noncitizen status

If you checked the "qualified noncitizen" box on Line 32 (Line 35 for your spouse), and you (or your spouse) currently do not have an Illinois Cares Rx card, you must attach a **copy** of one of the following examples as proof of qualified noncitizen status:

- Alien Registration Receipt Card (I-151 or I-551)
- Memorandum of Creation of Record of Lawful Permanent Residence (I-181a)
- Arrival-Departure Record (I-94)
- other Immigration & Naturalization Services (INS) documents
- U.S. military discharge papers or current orders (DD Form 2)



You may need to attach...



Please write your name and Social Security number on each attachment.



Proof of taxable and nontaxable benefits for Lines 17 and 18

If you received pensions and/or veterans' benefits that are **nontaxable** and you want to help prevent delays in receiving your Circuit Breaker grant or drug coverage, you must send us a copy of each of your annual statements showing both taxable **and** nontaxable benefits.



Proof of a loss of income

If you are claiming a loss of income on Lines 22, 23, or 24, you must attach a copy of your federal income tax return and supporting schedules as proof of any loss you report. If you did not file a federal income tax return, you **must** send us a detailed explanation of the loss and how you figured it.



Proof of deduction

If you are claiming a deduction on Line 24, you must attach a copy of your federal income tax return and supporting schedules as proof of any deduction you report. If you did not file a federal income tax return, you **must** send us a detailed explanation of the deduction and how you figured it.



Proof of rent, property tax, or mobile home tax you paid

If your income on Line 25 is less than or close to the amount you paid in rent, property tax, or mobile home tax **and** you want to help prevent delays in receiving your Circuit Breaker grant or drug coverage, send us the following:

If you are a renter —

attach a copy of your rental or lease agreement, a notarized statement from your landlord, or canceled checks documenting the rent you paid in 2005.

If you rented or leased the land on which your mobile home is located —

attach a copy of your rental or lease agreement, a notarized statement from the land owner, or canceled checks documenting the amount you paid in 2005.

If you own your home —

attach a copy of your property tax bill or mobile home tax bill, receipts from your county government, or canceled checks documenting the property tax or mobile home tax you paid in 2005.

In addition —

attach the following information to explain how you are able to pay high rent, property tax, or mobile home tax on a limited income. Tell us:

- whether family or friends helped pay your rent, property tax, or mobile home tax and the amount they paid on your behalf. (List only the amount you paid on Line 30.)
- whether your rent was subsidized and the amount that was paid on your behalf. (List only the amount you paid on Line 30.)
- whether you received reverse mortgage payments and the amount paid to you.
- whether other expenses were included in your rent; for example, electric bills. (If your rent included food, mark "yes" on Line 30.)
- your portion of rent, property tax, or mobile home tax, if you shared your home with someone other than your spouse or any qualified additional resident. (If anyone else lived with you and paid you rent in 2005, write the amount you received in rental income on Line 22 and complete Lines 26a and 26b.)
- any information about minor dependent children receiving Social Security, SSI, or child support. (These types of benefits are not considered income and should not be reported in Step 3.)
- any other information to explain how you are able to pay high rent, property tax, or mobile home tax on a limited income.



Pharmaceutical Benefits (Schedule C)

You must complete Schedule C if you are Medicareeligible and want help paying for your prescription drugs. See Page 41.



Proof of authorized representation for signature

If someone must sign for you, you must attach proof that the person signing for you is your legal guardian or has power of attorney to act for you.

If someone must sign for your spouse, you must attach proof that the person signing for your spouse is your spouse's legal guardian or has power of attorney to act for your spouse.

34

Illinois Department on Aging

2005 Schedule A Physician's Statement

Attach to the claimaint's Form IL-1363.

You may need to complete Schedule A if you were younger than 65 years of age on January 1, 2006, and

- you are the claimant, or
- you are the claimant's spouse who is applying for help paying for drugs.

	you are	e the claimant's spouse who is applying for help paying for drug	JS .				
Ste	ep 1:	Answer the following questions to determine this schedule.	e if you should complete				
1	Did you	u receive Social Security disability benefits in 2005?	Yes No				
2	Did you	u receive disability benefits from Railroad Retirement or Civil So	ervice in 2005? Yes No				
3	Did you	u receive disability benefits from the Veterans Administration in	2005? Yes No				
4	Did you	u have a Class 2 disability card from the Illinois Secretary of Sta	ate's office in 2005? Yes No				
Att	-1	ou answered " Yes " to any of the questions 1 through 4, stop. I the instructions for what you may need to attach to Form IL-13	•				
Ste	p 2:	Complete the following information about you	•				
5	Social S	Security number 9	Birth date/				
6	Name_	First MI Last	Phone (
7	Address		Claimant's Social Security number				
8	City	StateZIP	(from Line 1 of Form IL-1363)				
	Step 3: A physician must complete the following information about the person named on Line 6. The patient must meet the total disability criteria established by the Social Security Administration. Social Security Administration guidelines do not include alcoholism or drug abuse as a qualification for disability status.						
12	Patient'	t's name					
13	Date pa	atient became disabled//					
14	Was the	Month Day Year ne patient able to work for a living after the above date? Yes	No O				
15	Has the	e disability lasted or is it expected to continue for 12 months or	more? Yes O No O				
16	What is	s the nature of the disability?					
17	Physici	ian's name					
18	Physici	ian's signature and date	Month Day Year				
19 20	(This nur	ian's Illinois registration number 3 6					

Line-by-line instructions for Schedule A

You may need to complete Schedule A if you are younger than 65 years of age on January 1, 2006, and

- you are the claimant, or
- you are the claimant's spouse who is applying for help paying for prescription drugs.

Step 1: Answer the following questions to determine if you should complete this schedule.

1 through 4

If you answered

- "No" to all of the questions 1 through 4, you must complete Schedule A.
- "Yes" to question 1 and you did not file an approved Form IL-1363 last year, send us one of the following instead of Schedule A:
 - a copy of Form SSA-1099 showing a Medicare deduction
 - a copy of your statement showing SSI benefits
 - a copy of your statement showing a Medicare deduction
- **"Yes" to question 2**, send us the following item instead of Schedule A:
 - a copy of your pension statement from the Railroad Retirement or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare
- **"Yes" to question 3**, send us one of the following instead of Schedule A:
 - a copy of your pension statement
 - a copy of your statement showing compensation rated at 100 percent
- "Yes" to question 4, send us the following item instead of Schedule A:
 - a copy of your Class 2 disability card as proof of your disability

Step 2: Complete the following information about yourself.

5 through 10

Complete the information about yourself (the person for whom Schedule A is being filed as proof of disability).

11 Write the claimant's Social Security number (same as Line 1 of Form IL-1363).

Step 3: A physician must complete the following information about the person named on Line 6.

You should give this schedule to the physician of the person named on Line 6. The physician **must** complete Step 3.

Qualified additional residents are not eligible for prescription drug coverage under the Illinois Cares Rx program.

Illinois Department on Aging

2005 Schedule B Qualified Additional Residents

Attach to claimant's Form IL-1363.

Who is a qualified additional resident?

A qualified additional resident is an individual, other than your spouse,

- who lived with you in the same residence in 2005 and in 2006 at the time you file your 2005 Form IL-1363; and
- for whom you, or you and your spouse, provided more than half of that person's total financial support in 2005; and
- who is not filing a separate 2005 Form IL-1363.

Note Qualified additional residents are not eligible for prescription drug coverage under the Illinois Cares Rx program

Ste	p 1: Tell us about your qualified additional residents. Please print.
A	To ron do about your quantou adament rootaonto ricado print.
1	Social Security number
2	Name
3	Birth date/
4	Relationship to claimant
B 5	Social Security number
6	Name First MI Last
7	Birth date/
8	Relationship to claimant
9	ep 2: Figure the total of your qualified additional residents. Write the total number of persons you are reporting in Step 1.
Unde more	p 3: Claimant sign below. r penalties of perjury, I certify that the individuals listed in Step 1 are qualified additional residents for whom I, or my spouse and I, provided than half of their total financial support in 2005, and that these individuals lived with me in the same residence in 2005 and in 2006 at the time I file 2005 Form IL-1363.
10	
	Claimant's signature Date Claimant's Social Security number
Under permi	Pp 4: Qualified additional residents sign below. If penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois ssion to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of x returns for the limited purpose of confirming claimant's eligibility for benefits.
12	
	Signature of person named on Line 2 Date
13	
. •	Signature of person named on Line 6 Date

Line-by-line instructions for Schedule B

Complete this schedule if you (the claimant) are reporting any qualified additional residents on Form IL-1363.

Your spouse is not a qualified additional resident and should not be listed on this schedule.

Step 1: Tell us about your qualified additional residents.

Social Security number

Write the Social Security number of your qualified additional resident. Your qualified additional resident must have his or her own Social Security number. It cannot be the same as yours.

2 Name

Print your qualified additional resident's first name, middle initial, and last name.

3 Birth date

Write the month, day, and year of your qualified additional resident's birth.

4 Relationship to claimant

Write a description of how your qualified additional resident is related to you (the claimant).

5 through 8

If you have

■ **two** qualified additional residents, use the instructions for Lines 1-4, and write the information for the second of your qualified additional residents in Lines 5-8.

Step 2: Figure the total of your qualified additional residents.

9 Write the total number of persons you are reporting as qualified additional residents in Step 1.

Step 3: Claimant sign below.

- **10** You, the claimant (the person named on Line 2 of Form IL-1363), must sign this schedule.
- **11** Write your Social Security number (same as Line 1 on Form IL-1363).

Step 4: Qualified additional residents sign below.

12 and 13

Each person you report in Step 1 must sign on the corresponding line in Step 4. For example, the person named on Line 2 must sign on Line 12.

Note If the qualified additional resident reported in Step 1 is not yet 18 years of age, the person's parent or guardian must sign on the line, indicating his or her relationship to the qualified additional resident (such as "mother," "father," or "quardian").

Illinois Department on Aging

2005 Schedule C Pharmaceutical Benefits

Attach to the claimant's Form IL-1363.

You must complete Schedule C if you, or your spouse, are Medicare-eligible and want help paying for your prescription drugs. In order to be eligible for Illinois Cares Rx, you must also apply for "extra help" available under Medicare Part D.				
1 2	Social Security number Name First MI Last Please print. Please print. All Last			
3 4	Spouse's Social Security number Spouse's Name First MI Last			
Ste	ep 3: Complete the following information about you and your spouse (if married and living together). Other than your home and the property on which it is located, do you own any real estate? Yes No			
6	 a Do you own life insurance policies with a total face value greater than \$1,500? If you answered "No" for both you and your spouse, go to Line 7. You: Yes No Spouse (If living together): Yes No b If the answer for either you or your spouse on Line 6a is "Yes," how much money would you get if you turned in your insurance policies for cash right now? Enter the amount This is not the face value of your policies. You may need to call your insurance company to help answer this question. 			
7	Do you plan to use any of your savings or resources to pay for funeral and burial expenses for yourself or your spouse? You: Yes No			
9	Tell us how many relatives who live with you depend on you or your spouse for at least one-half of their financial support. Do not count yourself or your spouse in this number. O 1 2 3 4 5 6 7 8 9 or more During the last two years, has your income from Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income decreased?			
Scheo (R-12	You: Yes No No Spouse (If living together): Yes No No Sulle C (IL-1363) This form is authorized as outlined by the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. Disclosure of this information is REQUIRED.			

10	a Does anyone provide or help you or your spouse pay for your food, mortgage, rent, heat electricity, water or property taxes? Do not count food stamps, house repairs, help from housing agency, an energy assistance program, Meals on Wheels, or help with		
	medical treatment and drugs.	Yes 🔘	No 🔘
	b If you checked " Yes ," on Line 10a, tell us how much help you get each month . If this amount is not the same each month, tell us the average monthly amount for the past year. Enter the amount		
11	What do you expect to earn in wages before taxes in 2006 ? If you do not expect to earn a place zeroes in the space provided.	ny wages i	in 2006,
	You		
	Spouse (If living together)		
12	If self-employed, what do you expect your net earnings or loss to be in 2006 ? If you do not any net earnings or loss in 2006, place zeroes in the space provided.	expect to	have
	You		
	Spouse (If living together)		
13	Have the amounts you included in Lines 11 or 12 decreased in the last two years? Yes	No 🔘	
14	If you recently stopped working or plan to stop working, enter the month and year.		
	You/ Spouse (If living together)/		
15	a Do you receive Social Security benefits based on a disability? Yes No		
	b Do you receive Social Security benefits because you are blind? Yes O No O		
	c If you marked "Yes" to either question on Lines 15a or 15b and you have to pay for thing like special transportation, personal attendant services or adaptive equipment so you can work, write how much you pay for these things each month.		
16	a Does your spouse (if married and living together) receive Social Security benefits based on a disability? Yes No	k	
	b Does your spouse (if married and living together) receive Social Security benefits because he or she is blind? Yes No	ıse	
	c If your spouse (if married and living together) marked "Yes" to either question on Lines 16a or 16b and your spouse has to pay for things like special transportation, personal attendant services or adaptive equipment so your spouse can work, write how much your spouse pays for these things each month.		
Ste	ep 4: Sign below.		
Illinoi subje	er penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete and the Social Security Administration permission to get records from anyone concerning information on this form. As petent to resource availability, I authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible care program.	ermitted by lav	v, and
17	<u>X</u>	_()	
10	Claimant's signature Date Preparer's name (Please print or type.)	Phone number	er
18	Spouse's signature (If living together) Date		

Line-by-line instructions for Schedule C

Complete this Schedule if you or your spouse are Medicare-eligible **and** want help paying for drugs through the Illinois Cares Rx program.

If you are single and your assets (the total amount on Line 38d of Form IL-1363) are \$11,500 or less, you must complete Schedule C. If your assets are greater than \$11,500, you do not need to complete Schedule C.

If you are married and living with your spouse and your assets (the total amount on Line 38d of Form IL-1363) are \$23,000 or less, you must complete Schedule C. If your assets are greater than \$23,000, you do not need to complete Schedule C.

Note You must apply for "extra help" if you are eligible for Medicare (Part A and/or Part B) in order to qualify for Illinois Cares Rx. It is important that you complete your "extra help" application and send it in for a decision even if you do not think you will be eligible.

Step 1: Tell us about yourself (claimant).

1 Social Security number

Write your Social Security number (same as Line 1 on Form IL-1363).

2 Name

Print your first name, middle initial, and last name.

Step 2: Tell us about your spouse (husband or wife).

Complete Step 2 only if you checked Marital status 2, "Married and living together", on Line 7 of Form IL-1363. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household with your spouse, go to Step 3.

3 Spouse's Social Security number

Write your spouse's (husband's or wife's) Social Security number (same as Line 9 on Form IL-1363).

4 Spouse's name

Print your spouse's first name, middle initial, and last name.

Step 3: Complete the following information about you and your spouse (if married and living together)

Mark "yes" if you own real estate other than your home and the property on which your home is located. Mark "no" if you do not own any other real estate.

- 6a Mark "yes" if you own life insurance policies with a total face value greater than \$1,500. (You may need to call your insurance company to help answer this question). Mark "no" if you do not own life insurance policies with a total face value greater than \$1,500, and go to Line 7.
- **6b** Write the amount of money you would get if you turned in your insurance policies for cash right now. Cash value is different than the face value. (You may need to call your insurance company to help answer this question).
- 7 If you plan to use all or part of your savings or other resources to pay for your funeral and burial expenses, mark "yes"; otherwise, mark "no". If you plan to use all or part of your savings or other resources to pay for your spouse's funeral and burial expenses, mark "yes"; otherwise, mark "no".
- 8 Mark the box to show the number of relatives who live with you, and for whom you or your spouse provide at least one-half of their financial support. Mark "0" if you have no relatives living with you, or if you do **not** provide at least one-half of their financial support.
- **9** Mark "yes" if you have experienced a decrease in your Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income during the last two years. Mark "no" if no decrease.

Mark "yes" if your spouse has experienced a decrease in his or her Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income during the last two years. Mark "no" if no decrease.

- **10a** Mark "yes", if anyone provides or helps you or your spouse pay for your food, mortgage, rent, heat, gas, electricity, water or property taxes.
- from a housing agency (Section 8), an energy assistance program, Meal on Wheels, or help with medical treatments and drugs.

Mark "no", if no one provides or helps you or your spouse pay for your food, mortgage, rent, heat, gas, electricity, water or property taxes. If you mark "no", go to Line 11.

Line-by-line instructions for Schedule C

- **10b** If you marked "yes" on Line 10a, enter the amount of help you get each month. If this amount is not the same each month, tell us the average monthly amount for the past year.
 - 11 Enter the amount you expect to earn in wages, before taxes, in 2006. If you do not expect to have any wages in 2006, place zeros in the space provided.
 - Enter the amount your spouse expects to earn in wages, before taxes, in 2006. If your spouse does not expect to have any wages in 2006, place zeros in the space provided.
- 12 Enter the amount of your expected earnings or losses from self-employment in 2006. If you are not self-employed or do not expect to have any earnings or losses from self-employment, enter zeros in the space provided.
 - Enter the amount of your spouse's expected earnings or losses from self-employment in 2006. If your spouse is not self-employed or does not expect to have any earnings or losses from self-employment, enter zeros in the space provided.
- **13** Mark "yes", if the amount you reported on Lines 11 or 12 have decreased in the last two years.
 - Mark "no", if the amount you reported on Lines 11 or 12 have **not** decreased in the last two years.
- Enter the month and year that you recently stopped working (or you plan to stop working).
 - Enter the month and year that your spouse recently stopped working (or your spouse plans to stop working).
- **15a** Mark "yes" if you receive Social Security benefits based on a disability.
 - Mark "no" if you do **not** receive Social Security benefits based on a disability.
- **15b** Mark "yes" if you receive Social Security benefits because you are blind.
 - Mark "no" if you do **not** receive Social Security benefits because you are blind.
- 15c If you marked "yes" on Line 15a or 15b and you have to pay for things like special transportation, personal attendant services or adaptive equipment so you can work, write how much you pay for these things each month. If this amount is not the same each month, tell us the average monthly amount for the past year. If you marked "no" on Lines 15a and 15b, go to Line 16a.

- Mark "yes" if your spouse receives Social Security benefits based on a disability.
 Mark "no" if your spouse does **not** receive Social Security benefits based on a disability.
- 16b Mark "yes" if your spouse receives Social Security benefits because he or she is blind.
 Mark "no" if your spouse does not receive Social Security benefits because he or she is blind.
- 16c If your spouse marked "yes" on Line 16a or 16b and your spouse has to pay for things like special transportation, personal attendant services or adaptive equipment so he or she can work, write how much your spouse pays for these things each month. If this amount is not the same each month, tell us the average monthly amount for the past year. If your spouse marked "no" on Lines 16a and 16b, go to Step 4.

Step 4: Sign below.

17 Claimant's signature

You, the claimant (the person named on Line 2), must sign this schedule.

18 Spouse's signature

Your spouse (the person named on Line 4) must sign this schedule.

19 Preparer's name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this schedule for you, that person should print or type his or her name and telephone number on Line 19.

What if I need additional information?

If you need additional information, visit our Web site at www.cbrx.il.gov, or call us at 1-800-624-2459 or our TTY at 1-800-544-5304. To find a local agency serving seniors, call the Senior HelpLine at 1-800-252-8966 (Voice and TTY).



You may want to visit a local office to get help filling out Form IL-1363. Please call first before visiting.

There are over **150 Senior Health Assistance Program offices** in Illinois where you can get free help in filing Form IL-1363 and answers to questions. To find an office near you, you may contact the Illinois Department on Aging or one of the 13 local Area Agencies on Aging listed below.

1 Northwestern Illinois Area Agency on Aging Referrals for Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, & Winnebago Counties 2576 Charles Street Rockford, IL 61108-1605

1-800-542-8402 (within area only) or 815-226-4901

2 Northeastern Illinois Area Agency on Aging Referrals for DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, & Will Counties Kankakee Community College River Road West Campus Building 5 Kankakee, IL 60901

1-800-528-2000 or 815-939-0727

3 Western Illinois Area Agency on Aging

Referrals for Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, & Warren Counties

729 34th Avenue Rock Island, IL 61201-5950

1-800-322-1051 or 309-793-6800

4 Central Illinois Agency on Aging, Inc.

Referrals for Fulton, Marshall, Peoria, Stark, Tazewell, & Woodford Counties 700 Hamilton Boulevard Peoria, IL 61603-3617

1-877-777-2422 or 309-674-2071

5 East Central Illinois Area Agency on Aging, Inc. Referrals for Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, & Vermilion Counties

1003 Maple Hill Road Bloomington, IL 61704-9327

1-800-888-4456 (within area only) or 309-829-2065

6 West Central Illinois Area Agency on Aging

Referrals for Adams, Brown, Calhoun, Hancock, Pike, & Schuyler Counties 639 York Street, Room 205

Quincy, IL 62301

1-800-252-9027 or 217-223-7904

7 Area Agency on Aging for Lincolnland, Inc.

Referrals for Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, & Scott Counties

3100 Montvale Drive

Springfield, IL 62704-4278

1-800-252-2918 (217, 309, and 618 area codes only) or 217-787-9234

8 Area Agency on Aging of Southwestern Illinois

Referrals for Bond, Clinton, Madison, Monroe, Randolph, St. Clair, & Washington Counties

2365 Country Road

Belleville, IL 62221-2571

1-800-326-3221 or 618-222-2561

9 Midland Area Agency on Aging

Referrals for Clay, Effingham, Fayette, Jefferson, & Marion Counties

434 South Poplar

Centralia. IL 62801-1420

1-877-532-1853 or 618-532-1853

10 Southeastern Illinois Area Agency on Aging, Inc. Referrals for Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne, & White Counties

> 516 Market Street Mt Carmel. IL 62863-1558

1-800-635-8544 (618 area code only) or 618-262-2306

11 Egyptian Area Agency on Aging, Inc.

Referrals for Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, & Williamson Counties

200 East Plaza Drive

Carterville, IL 62918-1982

1-888-895-3306 (Southern Illinois only) or 618-985-8311

12 Chicago Department on Aging

Referrals for City of Chicago only 30 North LaSalle Street, Suite 2320 Chicago, IL 60602-2586

312-744-4016 or 312-744-6777 (TTY)

Disabled Chicago residents under 60

Mayor's Office for People with Disabilities 2102 West Ogden Avenue

Chicago, IL 60612-4219

312-744-6673 or 312-744-7833 (TTY)

13 Suburban Area Agency on Aging

Referrals for Suburban Cook County 1048 Lake Street, Suite 300 Oak Park, IL 60301

1-800-699-9043 (Suburban Cook County only) or 708-383-0258

To contact the Illinois Department on Aging, see Page 44.

View the list of the local Senior Health Assistance Program offices at www.state.il.us/aging.

Where can you get help or more forms?



Visit us at **www.cbrx.il.gov**



Call us toll-free (24-hour automated information) at

1-800-624-2459

or

1-800-544-5304 (TTY)

Have your **Social Security number** ready when you call.



Visit a local office (senior center, Senior Health Assistance Program or Area on Agency on Aging). To find an office near you, **see Page 43** or call the Senior HelpLine toll-free at **1-800-252-8966** (voice and TTY).

Call ahead before visiting in person to make sure you have the necessary information.



Write us at

PO BOX 19003
SPRINGFIELD IL 62794-9003

or email us at ilsenior@aging.state.il.us

Confidentiality and privacy information

The information you disclose on Form IL-1363 is protected information under federal privacy and state confidentiality laws. You can find the Illinois Cares Rx Program Privacy Notice about health information on our Website at www.cbrx.il.gov.

If you want someone else to contact us about your Form IL-1363 or prescription drug benefits, you must send us a copy of documentation to show that the person is your legal guardian or has the appropriate power of attorney to act for you on such issues.

If you do not have this type of documentation and you want someone else to contact us about your Illinois Cares Rx application or benefits, you must call us or send us a completed Form ADAD-PN3, Authorization for Use or Disclosure of Medical Information.

You may contact us or get Form ADAD-PN3, if you

call us toll-free (8 a.m. to 5 p.m. weekdays) at 1-800-624-2459 or 1-800-544-5304 (TTY)

or visit us at www.cbrx.il.gov